

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE	
09783073	02/15/01	
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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TOTAL IND.	13					
TOTAL DEP.	24	↔	↔	↔	↔	
TOTAL CLAIMS	37	↔	↔	↔	↔	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.		↔	↔	↔	↔	↔		
TOTAL CLAIMS		↔	↔	↔	↔	↔		